## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

|   |  |   |  |                               |  |                                |     | •                   | 10                     | 0                          | 47/02                         |                        |  |
|---|--|---|--|-------------------------------|--|--------------------------------|-----|---------------------|------------------------|----------------------------|-------------------------------|------------------------|--|
|   |  | CLAIMS A                                  | S FILED -  |                               | (Column 2)                             |                                |     | SMALL ENTITY TYPE   |                        | OTHER THAN OR SMALL ENTITY |                               |                        |  |
| U.S. NATIONAL STAGE FEES  |  |   |  |                               |  |                                |     | RATE                | FEE                    | 1                          | RATE                          | FEE                    |  |
| BASIC FEE   |  |   | SMALL ENT. = \$ 150  |                               | LARGE ENT. = \$ 300                    |                                |     | BASIC FEE           |                        | OR                         | BASIC FEE                     | 300                    |  |
| EXAMINATION FEE   |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100                  |                               | All other situations = \$ 100 / \$ 200 |                                |     | EXAM. FEE           |                        |                            | EXAM. FEE                     | 200                    |  |
| SEARCH FEE  |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                               | ALL of                                 | ther situations = 250 / \$ 500 |     | SEARCH FEE          |                        |                            | SEARCH FEE                    | 400                    |  |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minus 100 =  |                               | / 50 =                                 |                                |     | X \$ 125 =          |                        |                            | X \$ 250 =                    |                        |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 13 minus 20 =  |                               | *                                      |                                |     | X \$ 25 =           |                        | OR                         | X \$ 50 =                     |                        |  |
| INDEPENDENT CLAIMS  |  |   | / minus 3 =  |                               | *                                      |                                |     | X \$ 100 =          | ·                      | OR                         | X \$ 200 =                    |                        |  |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT  |                               |  |                                |     | + \$ 180 =          |                        | OR                         | + \$ 360 =                    |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2      |  |   |  |                               |  |                                | •   | TOTAL               |                        | OR                         | TOTAL                         |                        |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |   |  |                               |  |                                | 1 1 | SMALL ENTITY        |                        |                            | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | NUM                           | IBER<br>OUSLY                          | PRESENT<br>EXTRA               |     | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus  | **                            |  | =                              |     | X \$ 25 =           |                        | OR                         | X \$ 50 =                     |                        |  |
|   | Independent                                    | *   | Minus  | ***                           |  | =                              |     | X \$ 100 =          |                        | OR                         | X \$ 200 =                    |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |  |                                |     | + \$ 180 =          |                        | OR                         | + \$ 360 =                    |                        |  |
|   | **.  |   |  |                               |  |                                | •   | TOTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE           |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |  |                               |  |                                |     |                     |                        |                            |                               |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                           | PRESENT<br>EXTRA               |     | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus  | **                            |  | =                              |     | X \$ 25 =           |                        | OR                         | X \$ 50 =                     |                        |  |
|   | Independent                                    | *   | Minus  | ***                           |  | =                              |     | X \$ 100 =          |                        | OR                         | X \$ 200 =                    |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |  |                                |     | + \$ 180 =          |                        | OR                         | + \$ 360.=                    |                        |  |
|   |  |   |  |                               |  |                                |     | TOTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE           |                        |  |
|   |  |   |  |                               |  |                                |     |                     |                        |                            |                               |                        |  |
| *   | If the entry in colu                           | umn 1 is less than th                     | e entry in column  | 2, write "0"                  | in colum                               | n 3.                           |     |                     | •                      |                            |                               |                        |  |

If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".